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PTO/SB/M (02-01)
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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

Express Mail Label No. EV 312 068 666 DATE OF DEPOSIT: 16 DECEMBER 2003

INVENTOR(S)		
Given Name (first and middle (if any))	Family Name or Surname	Residence (City and either State or Foreign Country)
YASSER H.	ALSAFADI	2227 MOHANSIC AVE., YORKTOWN HGTS., NY 10598
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto		
TITLE OF THE INVENTION (280 characters max)		
CLINICAL DECISION SUPPORT SYSTEM FOR GUIDELINE SELECTION AND KNOWLEDGE/LOCATION INDICATION WITH THE GUIDELINE		
CORRESPONDENCE ADDRESS		
Direct all correspondence to:		
<input checked="" type="checkbox"/> Customer Number	24737	Place Customer Number Bar Code Label here
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<input type="checkbox"/> Firm or Individual Name	PHILIPS ELECTRONICS NORTH AMERICA CORPORATION	
Address	P.O. BOX 3001	
Address		
City	BRIARCLIFF MANOR	State NY ZIP 10510-8001
Country	USA	Telephone 914-333-9627 Fax 914-332-0615
ENCLOSED APPLICATION PARTS (check all that apply)		
<input checked="" type="checkbox"/> Specification Number of Pages	14	<input type="checkbox"/> CD(s), Number
<input checked="" type="checkbox"/> Drawing(s) Number of Sheets	4	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:	14-1270	FILING FEE AMOUNT (\$) 160
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____		

Respectfully submitted,
SIGNATURE

TYPED or PRINTED NAME JOHN VODOPIA

TELEPHONE 914 333-9627

Date 16 DECEMBER 2003
REGISTRATION NO. 36,299
(if appropriate)
Docket Number: US030509

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.